



OFFICE of ADMISSION
HARDIN-SIMMONS UNIVERSITY

Conditional Admission Enrollment Contract

Student Name: _____ Date: _____

Social Security Number or HSU ID Number: _____

Please read and *initial* the following stipulations of your admission:

_____ I understand that I may be required to enroll in specific courses to prepare me for college success to include Freshmen Writing I (ENGL 1301), Reading Improvement (READ 1301) and Math 0300 if chosen degree requires Math 1310.

_____ I understand that I will be required to utilize the services of the Writing Center at a minimum of one hour per week (attendance will be monitored).

_____ I understand that withdrawal from these required classes will prevent me from gaining regular admission, with no restrictions, to Hardin-Simmons University for future semesters.

_____ I understand that regular and punctual attendance is expected and essential to success in a course. Class attendance is mandatory and will be monitored.

_____ I understand I must pre-register for classes with the Academic Advising Center staff at a Round-Up Event. (Dates are on the HSU website).

_____ I understand I must make financial settlement with the Business Office on or before the fall payment deadline. I further understand that the annual cost at HSU for tuition, fees, books, room & board is approximately \$36,000 and that financial aid may not cover all costs.

_____ I understand I must meet with the Academic Advising Center as needed & participate in academic coaching if deemed necessary.

_____ I understand if I do not meet the 1.60 GPA requirement, I will be eligible to return to HSU only after completing a minimum of 12 academic hours taken in one long semester (fall or spring) with a GPA of 2.00 from another accredited college or university.

_____ I understand that I must remain enrolled as a full-time student (12 or more hours) and complete all of my courses.

I have read the requirements of the program and understand what is expected of me for admission.

Signature of Student

Signature of Parent or Guardian



OFFICE *of* ADMISSION

HARDIN-SIMMONS UNIVERSITY

I, _____, authorize the Academic Advising
(printed student name)
Center of Hardin-Simmons University to release the following information:

- Testing Results/Interpretation
- Attendance Records
- Conduct/Behavior
- Grades

This information listed above can be released to my parent or guardian.

Name: _____

Address: _____

Phone #: _____

Relationship: _____

This information is not to be transferred to any other person or agency without specific written permission from the person(s) whose signature appears below.

Name of Student

Signature of Student

Date

SS# / ID#